00	
ENVELUPE POSTMARK DATE	

∞ 990-T	E		nization Bus			Γax Retu	rn	OMB No 1545-0047
1 /c	İ	•	nd proxy tax und	er se	ction 6033(e))	1917		2019
	For cale	endar year 2019 or other tax ye			, and ending	1112		ZU 19
epartment of the Treas	у 📗		v.irs.gov/Form990T for in ers on this form as it may				3)	Open to Public Inspection 501(c)(3) Organizations Onl
Check box		Name of organization (and see instructions)	2411011 13 4 30 1(0)(n Empl	oyer identification number
address ch		wante of organization (Check box it hame c	manyeu	and see mandenons)			loyees' trust, see ctions)
Exempt under se	ction Print	LIEESPACE C	OMMUNITIES,	INC	Z.		4	2-1068850
X 501(@)(3	on or		n or suite no. If a P.O box				E Unrel	ated business activity code
	20(e) Type	4201 CORPOR	(286)	nstructions)				
= '=	· · · I F	City or town, state or province, country, and ZIP or foreign postal code						
529(a)		WEST DES MO		026				
Book value of all ass	ıts	E Group exemption num	her (See instructions)					
1,074,25	8,846.	G Check organization type	be X 501(c) corp	poration	n 501(c) trust	40°	1(a) trust	Other trust
Enter the number	of the organizat	ion's unrelated trades or	businesses 🕨		Describ	e the only (or first)	unrelated	
trade or business	here 🕨 <u>NO</u>	ACTIVITY -	REFUND CLAI	M	If only on	e, complete Parts I	-V If more	than one,
describe the first	n the blank spac	co at the end of the previo	us centence, complete Pa	ırts I an	d II, complete a Schedu	lc M for cach addit	ional trade	or
business, then co								
			affiliated group or a parer	nt-subs	diary controlled group?	•	Y	sNo
		fying number of the pare	nt corporation 🕨				F1F	200 5005
		<u>'IM NEVINS</u> e or Business Inc	nomo			hone number		
	· - · · - · · · · · · · · · · · · · · ·	e or business inc	,one	Г	(A) Income	(B) Expen	ses	(C) Net
1 a Gross receipts								
b Less returns a		A 1 7)	c Balance	1c		+		
_	sold (Schedule /	•		2		 		
•	ubtract line 2 fro			3		1		
4a Capital gain ne		•	m 4707)	4a		 		
		rt II, line 17) (attach Forr	11 4797)	4b		 		
 c Capital loss de 5 Income (loss) 		is hip or an S corporation (a	ttach ctatement)	4c 5		 		
Rent income (iip or air o corporation (a	illacii statement)	6		 /-		
	financed incom	e (Schedule E)		7		 / 		
		, ,	organization (Schedule F)	8				
	· -		rganization (Schedule G)					
	pt activity incon		· gameation (conocció a)	10				
	ome (Schedule			11				
•	•	s; attach schedule)		12		1		
	e lines 3 throug	•		13	0.			
Part II Ded	ictions No	t Taken Elsewhei	'e (See instructions fo	or limita	tions on deductions)		
(Dedu	ctions must be	e directly connected w	ith the unrelated busin	ess inc	come)			
4 Compensatio	ı of officers, dire	ectors, and trustees (Sch	edule K)		<i>J</i>		14	
Salaries and v	/ages						15	
Repairs and r	naintenance						16_	
7 Bad debts							17	
•	h schedule) (se	e instructions)					18	
Taxes and lice		/					19	
•	attach Form 456			•	20		_ - _	
· ·	tion claimed on	Schedule A and elsewher	e on return		_21a		21b	
2 Depletion		/.					22	
		pensation plans				 7	23	
	efit programs	r nadula IX	1		RECEIVED)	24	
	t expenses (Sch	•	,	1	KEULIVE	721	25	
	ship eosts (Sch	•		1.5	21/ 2 0 2020	IRS-08(26	
	ons (attach sche	•		1331	NOV 06 2020	, <i>[</i> 8]	27	0
	ons Add lines 1		n logo dodustico. Cubi	ાઇ			28	0
Unrelated bus	ness taxable inc	come perore net operatin	g loss deduction. Subtrac	LILINE ZE	180CDEN 1	JT I	29	U
 Deduction for 	net operating lo	iss arising in tax years be	g loss deduction. Subtrac ginning on or after Janua	ry (1, 20	"OGDEIN, C			^
Inna materiation							30	0
(ooo moa doa		come Subtract line 30 fro	om line 20	•			31	Λ

	-T(20J9) LIFESPACE COMMUNITIES, INC.	42-1068	8850 Page 2
	III Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	<u> </u>
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	28	1,000.
	Unrelated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,		
	enter the smaller of zero or line 37	39	0.
Part	IV Tax Computation		
	Organizations Taxable as Corporations Multiply line 39 by 21% (0 21)	40	0.
	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from:		
	Tax rate schedule or Schedule D (Form 1041)	41	
42	Proxy tax See instructions	42	
	Alternative minimum tax (trusts only)	43	
	Tax on Noncompliant Facility Income See Instructions	44	
	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
Part		1 43 1	
		T	
		- 	
	Other credits (see instructions) 46b	-	
	General business credit Attach Form 3800 46c	-	
	Credit for prior year minimum tax (attach Form 8801 or 8827)		
	Total credits Add lines 46a through 46d	46e	
	Subtract line 46e from line 45	47	0.
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
	Total tax Add lines 47 and 48 (see instructions)	49	0.
	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51 a	Payments: A 2018 overpayment credited to 2019	↓	
b	2019 estimated tax payments 2,229.	↓	
C	Tax deposited with Form 8868	」 │	
d	Foreign organizations: Tax paid or withheld at source (see instructions) 51d	」 │	
е	Backup withholding (see instructions) 51e	<u> </u>	
f	Credit for small employer health insurance premiums (attach Form 8941) 51f]	
g	Other credits, adjustments, and payments: Form 2439		
[Form 4136 Other Total ▶ 51g		
52	Total payments. Add lines 51a through 51g	52 53	2,229.
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached 🕨 🔲	53	
54	Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	2,229.
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax	56	2,229.
Part	VI Statements Regarding Certain Activities and Other Information (see instructions)	1	
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country		
	here >		X
	During the tax year, did the organization receive a distribution from, or was it the granter of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file		
	Enter the amount of tax exempt interest received or accrued during the tax year \$.
	Under penalties of pergury. I declare that I have exampled this return, including accompanying schedules and statements, and to the best of my knowled	dge and belief, it is tri	. 1 .16,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		
Here	NO // A and Care / And I all lack DRIGHTDHYM & CHO	lay the IRS discuss the	
		ne preparer shown belonstructions)?	
		if PTIN	140
_	The state of the s	A FIIN	
Paid	JED CHENEY Self- employed	P01587	775A
Prep	arer		
Use (Only Firm's name CLIFTONLARSONALLEN LLP Firm's EIN	41-074	10/43
	220 S 6TH STREET, SUITE 300	110 200 4	EOO
		512-376-4	
923711 0	1-27-20	Form 9	990-T (2019)